

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 28, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 02100 for date of service December 18, 2002.

II. RATIONALE

- CPT Code 02100 denied as “U – Unnecessary Medical Treatment or Services”. Per Rule 133.301(a) an insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment/service that has been preauthorized. The requestor obtained preauthorization, preauthorization number CU127116A. Per the 1996 Medical Fee Guideline, CPT Code 02100 is not one of the codes listed in the Anesthesia Ground Rule; therefore, reimbursement cannot be recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 02100.

The above Findings and Decision is hereby issued this 15th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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